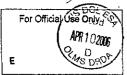
U.S. Department of Labor Office of Labor-Management Standards n, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form appro-Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amunded. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7965	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Scott D Watkins	Name I.B.E.W. Local 16			
	Labor Organization File Number 033-262			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6588 Blue Spruce Dr.	Street 9001 N. Kentucky Ave.			
City Newburgh	City Evansville			
State Indiana ZIP Code + 4 47630-1969	State Indiana ZIP Code + 4 47725-1397			
5. Position in labor organization. Assistant Business Agent				
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.C. Box, Bidg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the be			
signed Scott Cellein	On 03/29/2006 812-867-9670 Telephone Num			

Name of Person Filing Scott Watkins		File Number U-		
B. Held as interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name State Group Industrial LTD Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 13800 N. Hwy 57 City Evansville State Indiana ZIP Code + 4 47725-1397	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Name State Group Industrial LTD Trade Name, if any: P.O. Box, Bldg., Room No., if any	My Wife, Karen is Group and the mone wages for those se	an Electrician way listed in 11.b		
Street 13800 N. Hwy 57				
	11.b. Approximate dollar val	ue of such dealing.	\$43,660	
City Evansville State Indiana ZIP Code + 4 47725-1397	12.a. Nature of interest he My Wife, Karen is Group and the mone wages for those se	an Electrician we'y listed in 11.b		
	L	····		
	12.b. Amount.		\$43,660	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			